

Indiana Hoosier Healthwise

PDL Changes

December 2008 DUR Board Presentation

Additions to PDL with NO Clinical Edits

Dorzolamide, dorzolamide/timolol ophthalmic preps
Levetiracetam
Sumatriptan
Tev-Tropin®

Addition of Clinical Edits to Existing PDL products

Long Acting Narcotics Duplicate Therapy

Protocol	Rationale
A long acting narcotic medication will reject if the member is currently taking another long acting narcotic medication	To prevent duplication of therapy of medications in the same class
Override Criteria	
<p>If a long acting narcotic medication is requested and the member is continuing another long acting narcotic medication, then the request will be reviewed on a case by case basis.</p> <p>Requests for duplicate therapy may be approved if the following are met:</p> <ul style="list-style-type: none"> • Member has diagnosis of Cancer • Member has diagnosis of Multiple Sclerosis • Member has diagnosis of HIV/AIDS • Member has diagnosis of Lupus • Member has diagnosis of Sickle Cell Anemia • Medication is prescribed after a pain management consult – 6 month override 	

Short Acting Narcotics Duplicate Therapy

Protocol	Rationale
A short acting narcotic medication will reject if the member is currently taking another short acting narcotic medication	To prevent duplication of therapy of medications in the same class
Override Criteria	
<p>If a short acting narcotic medication is requested and the member is continuing another short acting narcotic medication, then the request will be reviewed on a case by case basis.</p> <p>Requests for duplicate therapy may be approved if the following are met:</p> <ul style="list-style-type: none"> • Member has diagnosis of Cancer • Member has diagnosis of Multiple Sclerosis • Member has diagnosis of HIV/AIDS • Member has diagnosis of Lupus • Member has diagnosis of Sickle Cell Anemia • Member has a diagnosis of acute pain – 1 month override • Member has a dental reason – 1 time authorization • Medication is prescribed after a pain management consult – 6 month override 	

Antispasmodic Muscle Relaxant Quantity Limits

Quantity Limit

Protocol	Rationale
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A quantity limit of 3 fills (total of 90 day supply) per year will apply to muscle relaxants	To prevent overuse of muscle relaxants due to lack of long term benefit and prevent the misuse of muscle relaxants in some states where they are classified as controlled substances.
Override Criteria	
Increased quantity limit for muscle relaxants may be reviewed on a case by case basis.	
Note: Carisoprodol (Soma) is considered a controlled substance in some states. Carisoprodol abuse has escalated in the last decade in the United States. With prolonged abuse at high dosage, carisoprodol can lead to tolerance, dependence and withdrawal symptoms.	

Change to Non-Preferred

Product	Rationale	Alternative
GENOTROPIN, HUMATROPE	Comparable safety and efficacy to other available growth hormone	PDL available alternatives include Tev-Tropin, Nutropin, Nutropin AQ ** growth hormone requires PA
IMITREX	Now available as a generic	PDL available alternatives include generic sumatriptan and Maxalt, Maxalt MLT
TRUSOPT, COSOPT	Now available as a generic	PDL available alternatives include generic dorzolamide, dorzolamide./timolol